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DECLARATION FO	Attorney Docket	Number 92							
OR DESIG	First Named Inve	ntor O'							
PATENT APPLI		COMPLETE IF KNOWN							
	Declaration	Application Numb							
with Initial	ubmitted after	Filing Date							
	(surcharge 37 CFI 1.16(e) required)	Group Art Unit							
		Examiner Name							
As a below named inventor, I h	ereby declare the	ıt:							
My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Dental Prosthesis Manufacturing Process, Dental Prosthesis Pattern & Dental Prosthesis									
		Made Thereby							
the specification of which  is attached hereto  OR		(Title of the Invention	2)						
was filed on (MM/DD/YYYY)	was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclos	e information whi	ch is material to patentabili	ty as defined in 37 (	CFR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of an PCT international application which designated at least one country other than the United States Of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO				
			0000		0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 3	5 U.S.C. 119(e) o	f any United States provision	onal application liste	ed below.					
Application Number (s)	Filing Da	te (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]

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## **DECLARATION** – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application
designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not
disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I
acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, which became available
between the filing date of the prior application and the national or PCT International filing date of this application.

			PCT nt Number		rent Filing D 1M/DD/YYY		Parent Patent Numbe (if applicable)			
Addition	nal U.S. or PCT	I International applicat	ion numbers are lis	sted on a sup	plemental prio	rity data s	sheet (PTO	/SB/02B)	attached hereto	
		ereby appoint the follow of the following th			er(s) to prosec	cute this	applicatio	n and to	transact all	
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		AND								
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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplement Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]			Family Name or Surname					
Derrick G.			Luksch					
Inventor's		<i>y</i>					~ ^ ^	
Signature	W. Molling				Date	9-3	5-00	
Residence: City	Corvallis	State	O	R	Country	US	Citizenship	US
Post Office Address	4311 SW Research Way			•				
Post Office Address								
City	Corvallis	State	O	R	ZIP 9	7333	Country	US
Name of Additiona	l Joint Inventor, if any:	A petition has been filed for this unsigned inventor						ventor
Give	n Name (first and middle [if any]				Family N	ame or S	urname	
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Inventor's								
Signature					Date			
Residence: City		State			Country		Citizenship	
Post Office Address							<u> </u>	
Post Office Address								
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Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor						
Give	n Name (first and middle [if any]				Family N	ame or S	urname	
Inventor's								
Signature					Date			
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Given Name (first and middle [if any]		Family Name or Surname						
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## **POWER OF ATTORNEY**

Assignee, O'Brien Dental Lab, Inc., hereby appoints John J. Connors to prosecute this patent application entitled **Dental Prosthesis Manufacturing Process**, **Dental Prosthesis Pattern & Dental Proshesis Made Thereby** (Docket No. 9234), including the power to appoint, substitute, and terminate associate attorneys, and to transact all business in the United States Patent and Trademark Office in connection therewith. John J. Connors is a member of the Bar of the State of California, Patent Office Attorney Registration No. 24,157, whose address and telephone number is Connors & Associates, 1600 Dove Street, Suite 220, Newport Beach, CA 92660-2427, Telephone 949-833-3622, Facsimile 949-833-0885.

Dated ·

ASSIGNEE: O'Brien Dental Lab, Inc.

Michael J. O'Brien, President

Please send all correspondence to the attention of:

John J. Connors Connors & Associates 1600 Dove Street, Suite 220 Newport Beach, CA 92660-2427 Telephone (949) 833-3622 Facsimile (949) 833-0885